

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/524319</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing	1	09 Feb 05	\$ 500							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 500								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	<input checked="" type="checkbox"/> Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">6</td> <td style="width: 20px;">5</td> </tr> </table>			1	3	--	4	3	6	5
1	3	--	4	3	6	5					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>P. Kidwell</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>P. Kidwell</u>		PHONE: <u>803 308 9140 Ext 215</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*